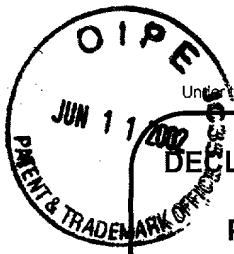


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		46884.00018
First Named Inventor		Sylvia Tidwell Scheuring
<b>COMPLETE IF KNOWN</b>		
Application Number		10/066,126
Filing Date		January 30, 2002
Group Art Unit		2161
Examiner Name		Unknown

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

**SYSTEM AND METHOD FOR MATCHING CONSUMERS WITH PRODUCTS**

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) January 30, 2002 as United States Application Number or PCT International

Application Number 10/066,126 and was amended on (MM/DD/YYYY)   (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231

PTO/SB/01 (10-01)

Approved for use through 10/31/2002 OMB 0651-0032

U S Patent and Trademark Office; U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to.  Customer Number  
or Bar Code Label 30256 OR  Correspondence address below

Name \_\_\_\_\_

Address \_\_\_\_\_

City	State	ZIP
------	-------	-----

Country	Telephone	Fax
---------	-----------	-----

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U S C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Sylvia Tidwell	Family Name or Surname	Scheuring
---	----------------	---------------------------	-----------

Inventor's Signature	Date <i>April 25, 2002</i>		
-------------------------	----------------------------	--	--

Carmel	CA	USA	USA
Residence: City	State	Country	Citizenship

225 Crossroads Boulevard, PMB 404

Mailing Address \_\_\_\_\_

Carmel	CA	93923	USA
City	State	Zip	Country

**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Jerome James	Family Name or Surname	Scheuring
---	--------------	---------------------------	-----------

Inventor's Signature	Date <i>25-Apr-02</i>		
-------------------------	-----------------------	--	--

Carmel	CA	USA	USA
Residence: City	State	Country	Citizenship

225 Crossroads Boulevard, PMB 404

Mailing Address \_\_\_\_\_

Carmel	CA	93923	USA
City	State	Zip	Country

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

PTO/SB/02A (11-00)

Please type a plus sign (+) inside this box → 

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 2**

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname		
David A	Schultz			Date <i>April 25, 2002</i>
Inventor's Signature <i>David A. Schultz</i>				
Residence: City Richmond	State CA	Country USA	Citizenship USA	
Mailing Address 607 Key Boulevard				
Mailing Address				
City Richmond	State CA	ZIP 94805	Country USA	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	Zip	Country	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	Zip	Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

JUN 11 2002

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	10/066,126
Filing Date	January 30, 2002
First Named Inventor	Sylvia Tidwell Scheuring
Group Art Unit	2161
Examiner Name	Unknown
Attorney Docket Number	46884.00018

I hereby appoint:

Practitioners at Customer Number  
OR

Practitioner(s) named below:

Name/ Registration Number

Marc A. Sockol, Reg. No. 40,823, Daryl C. Josephson, Reg. No. 37,365; Cameron Kerrigan, Reg. No. 44,826, David B. Abel, Reg. No. 32,394; Nathan Lane, Reg. No. 43,738; Lorinda Howland, Reg. No. 42,671; Michael Lechter, Reg. No. 27,350; David Koo, Reg. No. 46,839; David Rogers, Reg. No. 38,287; William Bachand, Reg. No. 34,980; Aaron Wininger, Reg. No. 45,229; Paul A. Durdik, Reg. No. 37,819; Paul J. Meyer 47,791; Victoria L. Nicholson, Reg. No. 47,823; Vid Bhakar, Reg. No. 42,323; Fariba Sirjani, Reg. No. 47,947; and Alexander B. Ching, Reg. No. 41,669.

Place Customer  
Number Bar Code  
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

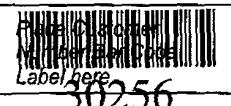
The above-mentioned Customer Number

OR

Practitioners at Customer Number

OR

30256



30256

PATENT TRADEMARK OFFICE

Firm or  
Individual Name

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name | Sylvia Tidwell Scheuring

Signature |

Date | Apr. 125, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

**SIGNATURE of Applicant or Assignee of Record**

Name | Jerome James Scheuring

Signature |

Date | 25 Apr. 02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.

JUN 11 2002

PATENT  
TRADEMARK  
OFFICE  
SAC

PTO/SB/61 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

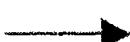
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT

Application Number	10/066,126
Filing Date	January 30, 2002
First Named Inventor	Sylvia Tidwell Scheuring
Group Art Unit	2161
Examiner Name	Unknown
Attorney Docket Number	46884.00018

I hereby appoint:

 Practitioners at Customer Number  
ORPlace Customer  
Number Bar Code  
Label here Practitioner(s) named below:

Name/ Registration Number

Marc A. Sockol, Reg. No. 40,823; Daryl C. Josephson, Reg. No. 37,365; Cameron Kerrigan, Reg. No. 44,826; David B. Abel, Reg. No. 32,394; Nathan Lane, Reg. No. 43,738; Lorinda Howland, Reg. No. 42,671; Michael Lechter, Reg. No. 27,350; David Koo, Reg. No. 46,839; David Rogers, Reg. No. 38,287; William Bachand, Reg. No. 34,980; Aaron Wininger, Reg. No. 45,229; Paul A. Durdik, Reg. No. 37,819; Paul J. Meyer 47,791; Victoria L. Nicholson, Reg. No. 47,823; Vid Bhakar, Reg. No. 42,323; Fariba Sirjani, Reg. No. 47,947; and Alexander B. Ching, Reg. No. 41,669.

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

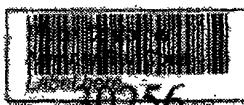
Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number  
OR

30256



PATENT TRADEMARK OFFICE

 Firm or  
Individual Name

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name

David A. Schultz

Signature

Date

4/25/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

## SIGNATURE of Applicant or Assignee of Record

Name

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 2 forms are submitted.